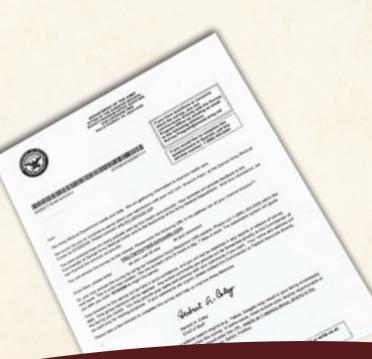
APLSS is a survey program administered by the Office of the U.S. Army Surgeon General. Patients are randomly selected within 48 hours after their visit with their provider.

\* Even if you are not seen by the provider named in your survey this is probably not an error. Some visits that require treatment from a nurse (Occupational medicine, injections, immunizations) can be attributed to a doctor within the clinic and you may be surveyed on the visit. \*

Survey data is processed and trended to provide immediate feedback to CRDAMC leadership. Patient information is not included so your identity remains completely confidential.







If we have not met your expectations today STOP - Please do not leave until you have told us how to help you.

### **Either:**

- Request to speak with the Head Nurse, clinic administrator, NCOIC or OIC to have your concerns addressed immediately
- Submit a Strive for 5 patient comment card
- Submit an ICE comment
- Submit an email via our website www.crdamc.amedd.army.mil
- Visit the patient advocate office in the main lobby of the hospital

We value your feedback. Please assist in our goal of improving the quality of care we deliver and patient satisfaction.

Carl R. Darnall Army Medical Center 36000 Darnall Loop Fort Hood, Texas 76544





Army Provider Level Satisfaction Survey (APLSS) Program When you last opened your mail, did you see a patient survey and immediately have the urge to throw it away? Stop!

# Why Should you Respond?

- CRDAMC leadership cares about your feedback.
- Your responses are reviewed and analyzed to determine what is important to you.
- Returned surveys are tied to funds we can use to improve services for you.

### What does this mean?

#### Returned surveys = \$\$\$\$ that we can use to:

- Improve problem areas
- Upgrade amenities
- Expand services

#### Do you think we need:

- More comfortable chairs?
- More available appointments, which means more staff?
- Customer Service training for our staff?

Tell us how we can improve our services for you. We can do any or all of the above with your help!



# How do you respond?

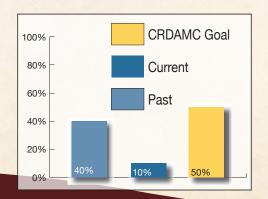
Randomly selected patients are sent a letter shortly after the visit asking that you complete a brief questionnaire regarding the care you received.

### You can respond one of 4 ways:

- BEST! Preferred Method Log in to the website with the provided username and password to answer questions.
- Give us your responses along with the letter containing your username and password. We will be glad to input your responses.
- Request and complete a 2 page written survey (patients must still be randomly selected to participate).
- Call the toll-free number provided in your letter.

## **Our Goal**

Our goal is to increase our response rate to over 50%. The data will be more valid with more surveys completed online and we will receive more funding to put towards improvements.



## What will you be asked?

#### **Provider experience**

- Did your provider listen carefully?
- Did your provider understand your problem?
- Did your provider treat you with courtesy and respect?
- Did your provider spend enough time with you?
- Did your provider help you with your problem?

### Overall staff/facility

- Phone service
- Scheduling your appointment

 Courtesy of support staff

Comfort and cleanliness of facility

 Convenience of the facility

Pharmacy

• Lab

Radiology

